Sent by: CONLEY ROSE P.C.

FAX TRANSMITTAL COVER SHEET

CONLEY ROSE, P.C.
600 Travis, Suite 7100
Houston, Texas 77002
v Number: (712) 228.800

Fax Number: (713) 238-8008 Telephone Number: (713) 238-8000

	ORIGINAL WILL FOLLOW VIA
	MAIL
	INTERNATIONAL AIRMAIL
	COURIER
\boxtimes	WILL NOT FOLLOW
	HAND DELIVERY
	WITH ENCLOSURE(S)
	WITHOUT ENCLOSURE(S)

PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:

NAME:

CUSTOMER SERVICE FOR GROUP ART UNIT 2862

FIRM:

U.S. PATENT & TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

CITY:

ALEXANDRIA, VIRGINIA

FAX NO:

703-872-9306

REMARKS: Serial No. 10/608,734, filed June 27, 2003

JUN 0 2 2004

Total Number of Pages (Including This One): THREE (3)

FROM: Daniel J. Krueger, Direct Dial No. 713/238-8055

DATE: June 2, 2004

ATTORNEY DOCKET NO. 2149-00300

IF YOU DO NOT RECEIVE ALL THE PAGES. PLEASE CALL BACK AS SOON AS POSSIBLE.

This facsimile, and the information it contains, is intended to be a confidential communication only to the person or entity to whom it is addressed. If you have received this facsimile in error, please notify us by telephone at the above telephone number and return the original to this office by mail.

Under the Patterwork Reduction Act of 1995, no pension of the Patterwork Reduction Act of 1995, no pension	Application Number Filing Date First Named Inventor Art Unit	10/608,734 June 27, 2003 Arthur E, BARNES 2862	1 displays a valid OMB contr	ol numb
Total Number of Pages in This Submission 2	Examiner Name Attorney Docket Number			
W Submission		2149-00300		٠,
ENC	CLOSURES (Check ell ti	hat apply)		
Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Appead of Appead of Appead (Appead (Ap	inclosure(s) (please	nd
dividual name CONLEY ROSE, P.C. gnature June 2, 2004	F APPLICANT, ATTORN			
nereby certify that this correspondence is being facsim fficient postage as first class mail in an envelope addi- e date shown below.		deposited with the United ents, P.O. Box 1450, Ale	randna, VA 22313-1450	vith on
a collection of information is required by 37 CFR 1.5. The Info cess) an application. Confidentiality is governed by 35 U.S.C. reining, proparing, and submitting the completed application re- sunt of time you require to complete this form and/or suggests demark Office, U.S. Department of Commerce, P.O. Box 145 DRESS, SEND TO: Commissioner for Patents, P.O. E	am to the USPTO. Time will vary dep lons for reducing this burden, should be	ending upon the Individual o	n is to file (and by the USPT)) 0 to

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 11/30/2005 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
ollection of information unless is disclosured.

under the Paperwork Reduction Act of 1935, no persons are required to re-	P C CONCENCION OF INFORMATION HOLAS	Tor use through 11/30/2005 OMB 065. Tice; U.S. DEPARTMENT OF COMM
Under the Paperwork Reduction Act of 1995, no persons are required to re-	Application Number	10/608,734
	Filing Date	June 27, 2003
POWER OF ATTORNEY	First Named Inventor	BARNES
And	Title	·
CORRESPONDENCE ADDRESS	Art Unit	Measuring Discontinuity 2862
INDICATION FORM	Examiner Name	2002
	Attorney Docket Number	2140.00-0-
I hereby appoint:	Docket Islander	2149-00300
Practitioners at Customer Number OR Practitioner(s) named below:	→	23505
Name	Registration Number	
all business in the United States Patent and Tradema Please recognize or change the corresponding addre The above-mentioned Customer Number. The address associated with Customer Number OR	ss for the above-identified app	and to transact h. plication to:
The above-mentioned Customer Number. The address associated with Customer Number. The address associated with Customer Number. Firm or Individual Name Address	ss for the above-identified app	L_ ·
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address	ss for the above-identified app	L_ ·
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City	ss for the above-identified app	L ·
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City Country	State	h. plication to:
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City	ss for the above-identified app	h. plication to:
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone	State Fax	h. plication to:
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of SIGNATURE of Applicant	State Fax	h. plication to:
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of SIZ/0120.	State Fax Gament Recorded September State State Fax State State Fax State September State Sep	Zip Zip 22, 2003 at Reel/Frame
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of Applicant Manuel Assig	State Fax	Zip Zip 22, 2003 at Reel/Frame
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of Applicant Manuel Assig	State Fax Gament Recorded September Christical State Chri	Zip Zip 22, 2003 at Reel/Frame
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of a country SIGNATURE of Applicant me anature Accounts the country of the country o	State State Fax State Fax State Christice Telephone Telephone Telephone Telephone Telephone	Zip Zip 22, 2003 at Reel/Frame
The above-mentioned Customer Number. The address associated with Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/inventor. der 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest: Assignee of Applicant Manuel Assig	State State Fax State Telephone:	Zip Zip 22, 2003 at Reel/Frame

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.